

| POSITION                  | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|------|
| FEE DETERMINATION         |          |        |      |
| O.I.P.E. CLASSIFIER       |          |        |      |
| FORMALITY REVIEW          |          |        |      |
| RESPONSE FORMALITY REVIEW |          |        |      |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Best Available Copy

| Claim | Final | Original | Date     |
|-------|-------|----------|----------|
| 1     | ✓     | ✓        | 12/31/02 |
| 2     | ✓     | ✓        | 12/31/02 |
| 3     | ✓     | ✓        | 12/31/02 |
| 4     | ✓     | ✓        | 12/31/02 |
| 5     | ✓     | ✓        | 12/31/02 |
| 6     | ✓     | ✓        | 12/31/02 |
| 7     | ✓     | ✓        | 12/31/02 |
| 8     | ✓     | ✓        | 12/31/02 |
| 9     | ✓     | ✓        | 12/31/02 |
| 10    | ✓     | ✓        | 12/31/02 |
| 11    | ✓     | ✓        | 12/31/02 |
| 12    | ✓     | ✓        | 12/31/02 |
| 13    | ✓     | ✓        | 12/31/02 |
| 14    | ✓     | ✓        | 12/31/02 |
| 15    | ✓     | ✓        | 12/31/02 |
| 16    | ✓     | ✓        | 12/31/02 |
| 17    |       | ✓        |          |
| 18    |       | ✓        |          |
| 19    |       | ✓        |          |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here